

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2002

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 12/3/02

2002 REG

✓ #1315641

\$110.00 REGS

1011648

1. NAME FIERKE THOMAS G.
Last First MI

2. BUSINESSPHONE (504) 257-4112
Area Code and Phone Number

3. BUSINESS ADDRESS LOCKHEED MARTIN SPACE SYSTEMS COMPANY
13800 OLD GENTILLY RD., NEW ORLEANS, LA 70129
Street and No. City State Zip

MAILING ADDRESS P.O. BOX 29304, NEW ORLEANS, LA 70189
Street and No. City State Zip

4. EMPLOYER LOCKHEED MARTIN SPACE SYSTEMS COMPANY, MICHOUD OPERATIONS

5. EMPLOYER'S ADDRESS 13800 OLD GENTILLY ROAD, NEW ORLEANS, LA 70129
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name LOCKHEED MARTIN SPACE SYSTEMS COMPANY, MICHOUD OPERATIONS

Address P.O. BOX 29304 - NEW ORLEANS, LA 70189

Business or purpose AEROSPACE

Does this person pay you? YES

If No, who pays you? _____

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Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

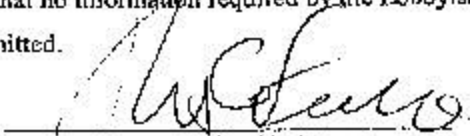
Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY